

Provider News & Resources

October 4, 2021 | Issue 34

In This Issue:

State Offices Closed: October 4 Holiday

Updating Provider License

Provider Relief Fund Phase 4

Backdate Enrollment Request

Therapy Providers: Usage of Correct Modifiers

Home Health Providers: PAR Re-start Information

DME Providers: Orthotics Prior Authorization

HCBS Providers: Enrollment Specialty

Updated Billing Manuals

Known Issue: Women's Health Claims Denying EOB 0101

Featured Resources:

October 2021 Provider Bulletin (B2100469)

Upcoming Holidays:

Frances Xavier Cabrini Day -Monday, October 4 State Offices will be closed. Gainwell Technologies, the ColoradoPAR Program and DentaQuest will be open.



Holiday Reminder Frances Xavier Cabrini Day Monday, October 4

All Colorado state offices are **closed** for this holiday. Gainwell Technologies, the ColoradoPAR Program and DentaQuest will be **open**.

Capitation cycles for managed care entities may potentially be delayed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks.

Visit the <u>Provider Contacts web page</u> or <u>Provider Resources</u> web page for assistance.

Did You Know? Updating Provider License

Federal screening regulations found at 42 CFR § 455.412 require providers to maintain current licenses, without limitations, throughout the term of their agreement. A license update is required when the license on file is expiring soon.

To remain actively enrolled, update the license information in the <u>Provider Web Portal</u> A copy of the license showing the effective and end dates must be attached.

Refer to the <u>Provider Maintenance - Update License Quick Guide</u> located on the <u>Quick Guides web page</u> for illustrated step-by-step instructions.

Provider Relief Fund Phase 4

The Health Resources and Services Agency (HRSA) recently opened the Provider Relief Fund Phase 4 and rural provider payments application period. The applications will close on October 26, 2021. Providers can apply for both payments in one application.

HRSA will be hosting webinars to educate stakeholders on the application process.

Register to attend:

- Tuesday, October 5 from 3:00 4:00 p.m. ET
- Wednesday, October 13 from 3:00 4:00 p.m. ET
- Thursday, October 21 from 3:00 4:00 p.m. ET

Visit the <u>HRS Future Payments website</u> for more information.

Reminder: Enrollment Backdate Request

Providers are reminded to check the **Requesting Enrollment Effective Date** on the application during the process of enrollment.



If a member was seen **prior** to the date of the application, an**earlier** date can be requested **before** submitting the new application.

Refer to the <u>Provider Enrollment Portal Quick Guide: Backdating a New Enrollment Application</u> located on the <u>Quick Guides web page</u> under the Provider Enrollment Portal Quick Guides section for additional information.

Therapy Providers: Reminder: Usage of Correct Modifiers

Providers are reminded to use the **correct** modifier that matches the prior authorization. If not, the claim may route to a different prior authorization or deny.

Review the modifiers listed in the billing manuals:

- Physical and Occupational Therapy (PT/OT)
- Speech Therapy (ST)



Home Health Providers: Prior Authorization Request (PAR) Requirement Re-start Information

Prior authorization request (PAR) requirements were suspended for Private Duty Nursing (PDN) and Pediatric Long-Term Home Health (PLTHH) on July 1, 2020. A phased in implementation of PDN and PLTHH PAR requirements will resume beginning on November 1, 2021.

Refer to the email sent on September 24, 2021, for additional information.

Durable Medical Equipment (DME) Providers: Reminder: Orthotics Prior Authorization (PA)

Providers are reminded that L5950 and L5981 require a PA.

Refer to the <u>Durable Medical Equipment, Prosthetics</u>, <u>Orthotics</u>, <u>and Supplies (DMEPOS)</u> Billing Manual and the <u>Health First Colorado Fee Schedule</u>.

Home and Community-Based Services (HCBS) Providers Reminder: Enrollment Specialty

Providers are reminded to enroll in the particular specialty to render each type of service. If providers are not enrolled and approved for the correct specialty, claims could be denied.

Refer to the Add a Specialty section on the Provider Maintenance Quick Guide web page for more information.

Contact the Provider Services Call Center for enrollment questions.

Recently Published Billing Manuals

- Appendix X HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs
- Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)



- Home Health
- Home and Community Based Services (HCBS) for Persons with Intellectual and/or **Developmental Disabilities (IDD)**
- Outpatient Behavioral Health Fee-for-Service
- Private Duty Nursing
- Vision Care and Eyewear

Visit the Billing Manuals web page to locate all published manuals.

Known Issues

Physicians Services/Clinics, Women's Health, Non-Physician Practitioners

Women's Health Claims for Procedure Code S4993 Denying for Explanation of Benefits (EOB) 0101

Some claims for procedure code S4993 are denying for EOB 0101 - "This is a duplicate service" when billed with multiple line items or multiple claims using modifiers FP or FP, U1.

Affected claims will be reprocessed.

A resolution to this issue is in process.

Please do not reply to this email; this address is not monitored.

